

BEST AVAILABLE COPY

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| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-375) | | | | | | | SERIAL NO. | | FILING DATE | | | | |
|--|----------|------|------------------------|------|------------------------|------|--------------|------|-------------|------|------|------|------|
| | | | | | | | APPLICANT(S) | | | | | | |
| CLAIMS | | | | | | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | | | | | | | | | | | | |
| TOTAL DEP. | | | | | | | | | | | | | |
| TOTAL CLAIMS | | | | | | | | | | | | | |

10-1369 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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